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United Nations Population Fund

Country programme document for Uzbekistan

Proposed indicative UNFPA assistance: $6.3 million: $5.3 million from regular resources and $1.0 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2016-2020)

Cycle of assistance: Fourth

Category per decision 2013/31: Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.0	0.5	2.5
Outcome 2	Adolescents and youth	1.0	0.2	1.2
Outcome 3	Gender equality and women's empowerment	1.0	0.1	1.1
Outcome 4	Population dynamics	1.0	0.2	1.2
Programme coordination and assistance		0.3	–	0.3
Total		5.3	1.0	6.3

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Please recycle

I. Situation analysis

1. Uzbekistan is a lower-middle-income country, with the largest population in Central Asia, estimated at 31 million in 2013. The country faced stable population growth averaging about 1.4 per cent annually (2010-2014). The officially reported total fertility rate has been about 2.4 over the last ten years. People under 24 years of age constitute about 60 per cent of the population. Population figures are estimates based primarily on the civil registration system data, as the country has not had a population census since 1989.

2. About half of the population lives in rural areas. In recent years, the rural population grew faster than the urban one, primarily because of differences in birth rates, restrictions on rural-to-urban migration, and significant emigration of the urban population. The rural population, especially in remote areas, faces challenges in accessing quality essential social services, including for health.

3. The country has seen significant economic growth in recent years, with an estimated annual increase in gross domestic product (GDP) of over 8 per cent. However, improvement of living standards lags behind GDP growth for the majority of the population. The country experiences large external labour migration, mainly to the Russian Federation and Kazakhstan, with remittances continuing to play an important role in the economy, especially in rural areas.

4. Water shortages in the region present a substantial challenge for socioeconomic development and are a cause for tensions between countries. Reduction of water inflow into the Aral Sea, in what is one of the world's greatest environmental crises, significantly affects people's livelihoods in the Karakalpak Autonomous Republic and neighbouring provinces. In particular, the affected population is in great need of much improved access to quality reproductive health, including maternal health services.

5. The ongoing internal conflict in Afghanistan is a serious concern, as it may spill over into neighbouring countries, including Uzbekistan, leading to instability and a major influx of refugees. Although the country has a relatively well developed emergency response system, integration of sexual and reproductive health and gender-based violence prevention and response is lacking in the national emergency preparedness plans.

6. The Government has identified reproductive health as a priority. A number of consecutive national programmes on reproductive and maternal health has been adopted at the level of the President. However, the quality of the services, especially at the primary and secondary health-care level in rural areas, still requires significant improvement. Despite considerable government support, wide coverage of antenatal care and nearly all births taking place in hospitals, the maternal mortality ratio has not dropped significantly since 2009 and was officially reported at 20.4 per 100,000 live births in 2012. Cervical cancer morbidity and mortality present serious challenges to women's health, with more than 2,000 women dying from this illness every year.

7. The Government ensures the availability of and access to free family planning services through an extensive network of primary health-care facilities. The contraceptive prevalence rate is about 60 per cent for modern methods and has remained stable over the last seven years. There is still the need to further enhance regulatory frameworks and service provision standards to ensure the population's access to quality human rights-based family planning services, especially in rural areas.

8. The country made significant progress in ensuring national ownership of contraceptive supplies and is committed to covering all contraceptive procurement from national budgets by 2017. However, the national contraceptive logistics management information system that was built with UNFPA support still requires further strengthening to sustain the uninterrupted supply of contraceptives achieved in recent years.

9. Despite government efforts to promote youth-friendly health services, youth continue to face serious barriers to sexual and reproductive health information and services, including restrictions for adolescents on access to services without parental consent. Although the country has taken its first steps to introducing comprehensive sexuality education in the curricula of lyceums and colleges, age-appropriate culturally sensitive teaching materials are needed. Generating a more conducive policy environment in this area will need further attention.

10. The HIV prevalence is below 0.1 per cent. There were more than 28,000 registered HIV-positive persons in 2013. Most contracted the illness as a result of intravenous drug use, though there is an increasing number from sexual transmission. Serious social and political barriers to accessing services for key populations remain the key factor that hampers comprehensive HIV prevention and response in the country. There is also the need to address better the reproductive health needs of the growing community of people living with HIV.

11. The national statistical system produces a significant volume of population data. However, use of data for policy formulation and monitoring is limited, in particular because of restricted access to statistics and insufficient quality of data. There is a substantial gap in the availability of population-based research. National research institutions and academia have limited capacity to conduct such research in line with internationally recognized standards. The country lacks national expertise on population issues in the absence of modern post-graduate demographic training programmes.

12. Despite the efforts of the Government to promote gender equality, gaps between women and men in employment, higher education and representation in government remain. In 2015 women hold only 16 per cent of parliamentary seats, and occupy only 15.9 per cent of posts in national administrative bodies. Further enhancement of government policies to ensure gender equality is recognized as a national priority. The government has yet to adopt legislative frameworks for gender-based violence prevention and the promotion of gender equality, including respective laws. Although there is no reliable statistical data on gender-based violence, there is growing public concern about it. At the same time, there are few policies and mechanisms for gender-based violence prevention, protection and provision of care for survivors. Most of the programmes target women and girls; hardly any attention is paid to male involvement.

II. Past cooperation and lessons learned

13. An independent final evaluation highlighted the programme's key achievements: (a) improved quality of emergency and essential obstetric care services; (b) improved access to family planning and commodity security; (c) development and national implementation of the curricula on adolescent reproductive health for secondary schools and colleges as well as through peer education; (d) improved capacity for data collection on important reproductive and gender issues; and (e) substantial contribution towards capacity building for implementation and monitoring of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and male involvement in reproductive health.

14. The evaluation provided a number of recommendations for the next programme: (a) establish more rigorous indicators to monitor the achievement of country programme results; (b) maintain focus on achieving significant coverage of medical personnel and community workers in remote rural areas with enhanced knowledge and skills on reproductive health; (c) revisit implementation modalities to allow national execution of the programme; (d) update the communication and advocacy strategy to reflect the expectations of the UNFPA strategic plan, 2014-2017; (e) continue efforts to fully eliminate contraceptive stock-outs; and (f) increase support for the development and implementation of school-based curricula on comprehensive sexuality education.

III. Proposed programme

15. The United Nations in Uzbekistan is moving towards adopting the 'Delivering-as-one' approach for the new programming cycle, to increase effectiveness and impact, and strengthen coherence among United Nations organizations through joint programming and reduction of transaction costs. The country programme is aligned with national priorities, the United Nations Development Assistance Framework (UNDAF), and the UNFPA strategic plan, 2014-2017. UNFPA will continue to support its governmental partners, civil society organizations and will coordinate with United Nations system organizations and other development actors in promoting evidence-based policies and implementing related interventions. Using the human rights-based approach in all interventions, the programme will, in pursuing its goals, employ the following strategies: (a) generate and manage evidence for policy development; and (b) provide advocacy, policy dialogue and advice based on evidence. UNFPA will complement these strategies with knowledge management and capacity development as required.

A. Outcome 1: Sexual and reproductive health

16. Output 1: National institutions have improved capacity to develop rights-based policies and to implement mechanisms for the delivery of integrated sexual and reproductive health services, including for maternal health and HIV, with a focus on rural populations and those affected by the Aral Sea environmental disaster. In line with the state programme on improving reproductive and maternal health, 2014-2018, UNFPA interventions will focus on improving policy frameworks and service delivery mechanisms for quality integrated reproductive health services, including for family planning, maternal care, HIV prevention and care. It support efforts to (a) enhance evidence-based policy and administrative frameworks that enable high standards of reproductive health care for rural populations, young people and populations affected by the Aral Sea environmental disaster; (b) develop clinical guidelines and protocols that meet human rights standards and embedding the transfer of modern knowledge and skills to service providers in national institutions; (c) improve the population's awareness of reproductive health and increasing demand for relevant information and client-oriented services; (d) strengthen reproductive health commodity security through better management of forecasting, distribution and monitoring of contraceptive supply; (e) develop a national cervical cancer screening and care programme that includes, in particular, the human papilloma virus vaccination for adolescent girls; (f) advocate for the revision of policies restricting access to HIV prevention and response for key populations; and (g) integrate the Minimum Initial Service Package for reproductive health in crisis situations into national emergency preparedness plans.

B. Outcome 2: Adolescents and youth

17. Output 1: National institutions have strengthened capacity to develop and implement laws, policies and programmes that ensure access to high-quality sexual and reproductive health education and services for adolescents and youth. The programme will support efforts aimed at (a) developing, implementing and monitoring gender-sensitive and rights-based policies and strategies on youth that remove barriers to legal access to quality sexual, reproductive and HIV prevention services, with a focus on marginalized and most-at-risk youth; (b) developing and adopting age-appropriate comprehensive sexuality education curriculum in colleges and lyceums; (c) disseminating good practice models, including through South-South cooperation; (d) strengthening youth peer education programming, in particular through building better a monitoring and evaluation system; and (e) improving policy frameworks to ensure young people's access to quality youth-friendly sexual and reproductive health services, including for HIV prevention and response.

C. Outcome 3: Gender equality and women's empowerment

18. Output 1: National policies and protection systems for promoting gender equality and addressing gender-based violence are strengthened in line with CEDAW requirements. In line with the concluding observations of the United Nations Committee on the Elimination of All Forms of Discrimination against Women, the programme will support Uzbekistan in promoting gender equality and women's empowerment with a focus on rural areas. It will support efforts aimed at (a) enhancing national legislation for gender-based violence prevention and promotion of gender equality, including respective laws; (b) strengthening the policy frameworks for the health sector and civil society to address gender-based violence and reproductive rights; (c) generating evidence and analysing the effects of gender-based violence on the reproductive health, well-being and social and economic participation of women and girls; (d) introducing gender-transformative approaches and engaging men and boys in gender equality, gender-based violence prevention and reproductive health efforts; (e) advocating for the incorporation of gender-based violence prevention and response in national emergency response plans; and (f) addressing child marriage through enhanced legislation, improved policies and greater population awareness.

D. Outcome 4: Population dynamics

19. Output 1: National institutions have enhanced capacity for development and monitoring of socioeconomic policies and programmes that integrate evidence on population dynamics, sexual and reproductive health, HIV and their links to sustainable developments. UNFPA will closely link this output with other programme outputs because it plays a critical role in generating evidence for advocacy in support of other country programme outputs. The programme will support efforts to (a) strengthen partnerships with the Government, civil society and academia for the development and monitoring of comprehensive rights-based and evidence-based policies, including on aging; (b) enhance national mechanisms for population data collection, analysis, dissemination and use for informed policy development at national and subnational levels, with particular focus on areas affected by Aral Sea environmental disaster; (c) transfer up-to-date knowledge on population-based survey methodologies to national research centres and academia, and support research that makes it possible to trace socioeconomic inequalities; (d) improve access to high-quality population data, particularly for policy and decision makers, through the development of national and subnational population databases; (e) generate evidence on sexual and reproductive health needs, including those of youth and persons living with HIV, to generate a better health sector response; and (f) improve post-graduate demographic education.

IV. Programme management, monitoring and evaluation

20. The programme will establish and maintain continued partnerships with relevant national partners, primarily the Parliament, the Ministry of Health, the Women's Committee, the Ministry of Economy, the Ministry of Higher Education and the Ministry of and Public Education, the State Committee on Statistics, research centres and universities, as well as civil society organizations and other development partners. UNFPA will develop a resource mobilization strategy that will allow the substantive engagement of the Government, private sector institutions and international donors in contributing and leveraging resources. It will develop a communications strategy to support country programme interventions.

21. UNFPA will create strategic links and partnerships with United Nations organizations, the European Union, the World Bank, the Asian Development Bank and relevant bilateral donors' initiatives, aimed at protecting women's and young people's rights, especially their sexual and reproductive rights, and at promoting gender equality and universal access to sexual and reproductive health services. The standard operating procedures of the United Nations Development Group for 'Delivering as one' will guide programme implementation.

22. National execution will be the preferred implementation arrangement, which the programme will apply with due consideration to the country's financial regulatory environment. UNFPA will select implementing partners based on their strategic position and ability to deliver high-quality programmes, and will monitor their performance, strengthen their programming and financial accountability, periodically adjust implementing arrangements and follow up on audit recommendations. The country office will develop a monitoring and evaluation plan and related tools for periodic progress reviews.

23. UNFPA will undertake joint planning, monitoring and evaluation activities based on the monitoring and evaluation plan, in line with 'Delivering as one', and actively participate in joint programmes and projects. The country representative will oversee programme implementation. Country office staff includes an assistant representative, four national programme analysts and support staff funded from the integrated budget. UNFPA will allocate programme resources to recruit national project personnel for technical and programme support that have the required skill sets for advocacy and policy dialogue. The country office will seek technical support from the regional office and technical units at UNFPA headquarters or other sources, as appropriate.

24. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities to better respond to emerging crises by supporting the Government in delivery of the Minimum Initial Service Package for reproductive health in crisis situations. UNFPA will organize any response in close coordination with the United Nations country team, in particular the United Nations Resident Coordinator's Office.

RESULTS AND RESOURCES FRAMEWORK FOR UZBEKISTAN (2016-2020)

National development priorities: Improve the quality and efficiency of health care, including prevention issues and promotion of a healthy lifestyle **UNDAF outcome:** By 2020, all people benefit from quality, equitable and accessible health services throughout the course of their lives				
UNFPA strategic plan outcome	**Country programme outputs**	**Output indicators, baselines and targets**	**Partners**	**Indicative Resources**
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicators: • National integrated and fully costed sexual and reproductive health programme developed *Baseline: No; Target: Yes* • Contraceptive prevalence rate for modern methods *Baseline: 60%; Target: 65%*	Output 1: National institutions have improved capacity to develop rights-based policies and to implement mechanisms for the delivery of integrated sexual and reproductive health services, including maternal health and HIV, with a focus on rural populations and those affected by the Aral Sea environmental disaster	• Number of new national guidelines, protocols and standards for the provision of quality integrated sexual and reproductive health services focused on the rural population developed *Baseline: 0; Target: 10* • National cervical cancer screening and care programme is in place *Baseline: No; Target: Yes*	Ministry of Health; Women's Committee; United Nations organizations; Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	$2.5 million ($2 million from regular resources and $0.5 million from other resources)
National development priorities: Improve the quality and efficiency of health care, including prevention issues and promotion of a healthy lifestyle **UNDAF outcome:** By 2020, all people benefit from quality, equitable and accessible health services throughout the course of their lives				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicator: • National policies allow young people and adolescents' access to sexual and reproductive health services, regardless of marital status *Baseline: No; Target: Yes*	Output 1: National institutions have strengthened capacity to develop and implement laws, policies and programmes that ensure access to high-quality sexual and reproductive health education and services for adolescents and youth	• New national comprehensive sexuality education curriculum aligned with international standards is developed *Baseline: No Target: Yes* • Number of national primary health protocols on youth-friendly sexual and reproductive health services compatible with international standards *Baseline: 0 Target: 1*	Ministries of Health; Public Education; Higher Education, Women's Committee; United Nations organizations; GIZ	$1.2 million ($1 million from regular resources and $0.2 million from other resources)

National development priorities: Democratization of public administration; reform of judicial and legal system; formation and development of civil society institutions **UNDAF outcome:** Legal and judicial reforms further ensure strong protection of rights, freedoms and legitimate interests of citizens				
Outcome 3: Gender equality and reproductive rights Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicator: • Proportion of the Universal Periodical Review accepted recommendations on reproductive rights from the previous cycle implemented or on which action was taken *Baseline: 0; Target: 50%*	Output 1: National policies and protection systems for promoting gender equality and addressing gender-based violence are strengthened in line with CEDAW requirements	• Number of national programmes on sexual and reproductive health that incorporate gender-based violence prevention, protection and response *Baseline: 0; Target: 1* • A functioning tracking and reporting system to follow up on the implementation of reproductive rights, recommendations and obligations issued by the human rights treaty bodies is in place *Baseline: No; Target: Yes*	Ministry of Health, National Human Rights Centre, non-governmental organizations, Centre for Supporting Civic Initiatives; United Nations organizations	$1.1 million ($1 million from regular resources and $0.1 million from other resources)
National development priorities: Democratization of public administration; reform of judicial and legal system; formation and development of civil society institutions **UNDAF outcome:** By 2020, the quality of public administration is improved for equitable access to quality public services for all				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator: • Number of new national socioeconomic development programmes that incorporate population dynamics *Baseline: 0; Target: 1*	Output 1: National institutions have enhanced capacity to develop and monitor socioeconomic policies and programmes that integrate evidence on population dynamics, sexual and reproductive health, HIV and their links to sustainable development	• Number of databases with population-based data accessible for development and monitoring of socioeconomic policies and programmes at national and subnational level *Baseline: 1 Target: 4* • Number of population-based research activities/surveys that allows for an estimation of key population and reproductive health indicators and for the mapping of socioeconomic inequalities conducted by national research institutions with UNFPA support *Baseline: 7; Target: 10*	Ministries of Economy; Labour and Social Protection; State Statistics Committee; Institute for Social Research; national universities, United Nations organizations	$1.2 million ($1 million from regular resources and $0.2 million from other resources)